

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4327HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2009
NAME OF PROVIDER OR SUPPLIER XL HOSPICE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 139 KEDDIE STREET FALLON, NV 89406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 22048 This Statement of Deficiencies was generated as a result of a State Re-Licensure Survey and complaint investigation conducted in your facility on October 5, 2009, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>Complaint #NV00021324 was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Four patient records were reviewed. Two home visits were conducted. Ten employee files were reviewed.</p> <p>The following deficiencies were identified:</p>	L 000		
L 064 SS=C	<p>449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE</p> <p>A program of hospice care must comply with the following requirements: 7. Home health aide and homemaker services must be available to each patient and provided at intervals which meet the needs of each patient. A registered nurse must: (a) Supervise the persons providing such services; and (b) Prepare written instructions for the persons providing such services which identify the duties they are to perform.</p>	L 064		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 064	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 22048 Based on clinical record review and staff interview, the agency failed to provide supervision of the certified nursing assistant at least every 14 days by a registered nurse. (Patient #1, #2) 1. Patient records revealed lack of documented evidence that supervisory visit of the certified nursing assistant was done the first full week of September 2009. This lack caused 34 days between supervisory visits. Scope: 2 Severity: 2	L 064		
L 069 SS=C	449.0186 REQUIREMENTS FOR PLAN OF CARE 2. A plan of care must: (c) State the scope and frequency of each service to be provided to the patient and members of his family. This Regulation is not met as evidenced by: Surveyor: 22048 Based on clinical record review and staff interview, the agency failed to provide services as ordered, by the physician, for each discipline on the plan of care. The visits provided to the patients did not meet the ordered frequency and duration on the plan of care for all patient records reviewed. Severity: 1 Scope: 3	L 069		

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